

## Lockout/Tag out Program Evaluation Checklist

Municipality or Authority: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

<b>SECTION I: GENERAL INFORMATION (Required)</b>				
<b>Specify equipment &amp; location where the LOTO procedure is being used:</b>				
<b>Authorized Employee(s):</b>				
<b>Affected or Other Employee(s):</b>				
<b>Is the inspector an “authorized employee”?</b>				
<b>(Employees may not inspect their own procedures)</b>		<b>Yes</b>	<b>No</b>	
An annual inspection was conducted by the inspector below of the authorized employees performing the lockout/tag out work. This inspection included a review between the supervisor and each authorized employee of the employee's responsibilities relative to the energy control procedure being inspected.				
<b>SECTION II: LOCKOUT/TAGOUT PROCEDURE</b>			<b>Y</b>	<b>N</b>
<b>1.</b>	Were all “affected” and “other” employees verbally notified of the lockout?			
<b>2.</b>	Were operational controls turned to the “Off” position prior to lockout?			
<b>3.</b>	Were all energy sources turned to the “Off” or “Safe” position?			
<b>4.</b>	Were lockout devices and locks properly attached to each energy isolation device?			
<b>5.</b>	Were 1 tag and 1 lock used by each authorized individual on the job at each control point?			
<b>6.</b>	Were warning tags indicating the authorized employee’s name and the date attached to each energy isolation device?			
<b>7.</b>	Was all stored energy properly controlled? (Pneumatic & hydraulic energy bled, suspended parts lowered, etc)			
<b>8.</b>	Was an attempt made to restart the equipment or otherwise ensure the effectiveness of the lockout prior to beginning the service work?			
<b>9.</b>	If a group lockout was required, did all authorized employees attach their own locks and tags to each energy isolation device?			
<b>10.</b>	Were all locks and devices properly removed after servicing?			
<b>11.</b>	Were all “affected” and “other” employees verbally notified when the lockout was complete?			
<b>12.</b>	Maintain the tag and this sheet for a minimum of one year			
<b>SECTION III: INSPECTION RESULTS AND SIGNATURES</b>				
Please fully explain all “No” responses and note any other deficiencies that are not specifically covered by a checklist item: (May use back of form showing line # and comment)				
1.		7.		
2.		8.		
3.		9.		
4.		10.		
5.		11.		
6.		12.		
Deficiencies must be corrected through revised procedures, training, or both.				
<b>Authorized Employee LOTO Annual Certification</b>				
A written certification must be generated to verify the annual inspection & the results thereof.				
Inspector Name: Print _____				
Signature: _____			Date: 20___	

Staple tag from observed activity to this form; save until next audit is conducted